

Discussion paper

Review of the Regulation of Restrictive Practices in the *Disability Services Act 2006* and the *Guardianship and Administration Act 2000*

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The preparation and publication of a discussion paper is clearly understood to be for the purposes of public discussion and comment. Discussion papers do not commit the government or a Minister either to the views expressed or to a particular direction for future action.

1. Introduction

Some adults with an intellectual or cognitive disability can sometimes exhibit challenging behaviours that place themselves or others at risk of harm. To manage these risks in a way that ensures people are safe, it is sometimes necessary to place restrictions on these adults. When this happens it is known as restrictive practices.

What are restrictive practices?

Under the Queensland *Disability Services Act 2006*, restrictive practices refer to:

- Containing or secluding an adult with an intellectual or cognitive disability
- Using chemical, mechanical or physical restraint on an adult with an intellectual or cognitive disability
- Restricting access (of objects) to an adult with an intellectual or cognitive disability.

Carter Report

In 2006, the then Queensland government commissioned a report by the Honourable WJ Carter QC, *Challenging Behaviour and Disability – A Targeted Response* (the Carter Report). The Carter Report highlighted that restrictive practices can cause injury to a person with a disability, and are a potential violation of the person's human rights.

The Carter Report identified that disability service providers relied too heavily on restrictive practices, and that there was a growing evidence base to support the use of a positive behaviour support approach to addressing challenging behaviours. Justice Carter noted that the positive behaviour support approach focuses on looking at the cause of behaviours; developing new ways to meet the persons' needs; and improving their life to reduce the incidence of challenging behaviours.

Response to Carter Report

In response to the Carter Report, in 2008 the former Queensland government introduced measures under Queensland's *Disability Services Act 2006* and the *Guardianship and Administration Act 2000* to regulate the use of certain restrictive practices in Queensland. The measures apply to funded disability service providers who provide services to adults with an intellectual or cognitive disability. The measures do not apply to families or private or non-funded organisations.

As part of the response to the Carter Report, the Centre of Excellence for Behaviour Support was established in Queensland to lead research, development and training to improve services for people with a disability and challenging behaviours.

The Specialist Response Service was also established in Queensland to undertake assessments and develop positive behaviour support plans, and to provide guidance to service providers about the implementation of positive behaviour support in their organisations.

Current legislative framework

Chapter 10A of the *Disability Services Act 2006* and Chapter 5B of the *Guardianship and Administration Act 2000* establish measures so that restrictive practices are used in Queensland only when they are necessary, and in limited circumstances.

Strict requirements are imposed on the use of restrictive practices in Queensland by funded disability services, including:

- Assessment of the adult by an appropriately qualified person or persons
- Development of a positive behaviour support plan
- Consent or approval for the use of a restrictive practice by the relevant decision-maker
- Regular review of an approval for certain restrictive practices
- The appointment of a restrictive practice guardian in some circumstances.

Who is affected by restrictive practices?

The restrictive practices scheme applies to government provided and government funded disability service providers in Queensland. It does not apply to families or private or non-funded organisations.

The scheme affects:

- Adults with an intellectual or cognitive disability who exhibit challenging behaviours and who are receiving services from government provided and/or non-government disability service providers funded by the Government
- Families and carers
- Decision-makers of restrictive practices
- Funded disability services
- Support workers who implement restrictive practices.

2. Review of Restrictive Practices

Legislative requirement

Queensland's restrictive practices scheme is established under the *Disability Services Act 2006* and the *Guardianship and Administration Act 2000*. The Minister for Communities, Child Safety and Disability Services must review the efficacy and efficiency of the *Disability Services Act 2006* as soon as practicable after the end of five years upon commencement of the Act. The legislation requires the restrictive practices scheme to be reviewed jointly with the Attorney-General and Minister for Justice.

Previous consultation

In 2010, the former Queensland Government conducted consultation, including with service providers who support large numbers of adults subject to the restrictive practices legislation, and advocacy groups. The key feedback from this consultation was:

- The scheme has led to better lives for some adults, with more opportunities for community participation and fewer instances of challenging behaviours causing, or at risk of causing, physical harm
- Service providers had a better understanding about the need to provide adults with challenging behaviours causing, or at risk of causing, physical harm, with specialised support, and the risks and human rights impacts associated with the use of restrictive practices
- The restrictive practices framework was complex and difficult to understand
- Compliance with the scheme was resource intensive, taking resources and attention away from the support of clients and the implementation of positive support strategies.

Current context

The Queensland Government is committed to reducing the use of restrictive practices in a way that is the most effective and safe for people with a disability, families, carers, services providers and workers. We are therefore committing to undertake broad consultation to ensure that the views of all people affected by restrictive practices are heard.

Since 2010 the landscape in disability services has changed dramatically, with the focus now firmly on client choice and control and the introduction of DisabilityCare Australia (the National Disability Insurance Scheme). The National Disability Insurance Scheme, which will commence roll out in Queensland from 1 July 2016, will transform the way that disability services and supports are delivered across Queensland and Australia.

As part of the work towards full roll out of DisabilityCare Australia, a *National Framework for Reducing the Use of Restrictive Practices in the Disability Services Sector* is being developed at a national level. The proposed framework outlines definitions of restrictive practices (which are similar to those under the *Disability Services Act 2006*), along with key high-level principles and high-level strategies to reduce the use of restrictive practices in the disability service sector nationally. This national framework will also inform Queensland's review of restrictive practices.

3. Objectives of Review

Objectives of review

The Queensland Government is seeking feedback on Queensland's restrictive practices framework with a view to:

- Improving the care and quality of life for adults with challenging behaviour causing, or at risk of causing, physical harm
- Streamlining processes and reducing red tape for service providers
- Building the capacity of service providers to implement positive behaviour support
- Equipping workers to support clients effectively and in a way that is safe for all
- Safeguarding adults with challenging behaviours causing, or at risk of causing, physical harm.

How will changes be implemented?

Changes to the current system could be made in a number of ways including:

- Legislation
- Policy
- Education
- Training.

4. Consultation Process

Process

In this paper a number of questions are presented for your feedback. You do not need to answer every question. The questions are a guide to help with your thoughts about the topics. You can also make comment on any additional areas regarding the use of restrictive practices in Queensland that are not specifically mentioned in this paper. Any comments or input are welcome and we also welcome suggestions, solutions or proposals you may have. Your response to the questions and any feedback should be made in writing, where possible. If you are unable to respond in writing or need an alternative format of the discussion paper, please call (07) 3404 3601 and we will make the appropriate arrangements.

Please note that this Discussion Paper is focused specifically on Queensland's restrictive practices framework.

Who can make submissions?

The Queensland Government encourages any individual or organisation affected by restrictive practices to make a submission.

Your submission should indicate whether you are responding to the discussion paper as an individual or as an organisation; and how you are affected by restrictive practices (e.g. as a family member, support worker, service provider implementing restrictive practices etc).

How will submissions be treated?

Your submission will be treated confidentially.

How and when to respond

Please send your submission by email or letter to:

Review of the Regulation of Restrictive Practices

Department of Communities, Child Safety and Disability Services

GPO Box 806

BRISBANE QLD 4001

reviewofrestrictivepractices@communities.qld.gov.au

Closing date for submissions:

Monday, 12 August 2013.

5. Topics for Review

There are a number of topics on which we are seeking your feedback. We have included questions to assist you to consider the topics and to express your views. Of course, you may include other information you think is important. You do not need to answer every question.

5.1 Types of Restrictive Practices

The *Disability Services Act 2006* regulates the use of the following restrictive practices in Queensland on adults with an intellectual or cognitive disability:

- Containment
- Seclusion
- Chemical restraint
- Physical restraint
- Mechanical restraint
- Restricting access to objects.

Definitions of these restrictive practices are important as they determine whether a restrictive practice needs authorisation under the legislation.

The restrictive practices are defined in the Act (section 123E). There are also factsheets for service providers, disability support workers and practitioners which refer to the Act definitions and help explain them. These can be accessed on-line: <http://www.communities.qld.gov.au/disability/key-projects/positive-futures/publications-and-resources>. These factsheets may help to explain the Act definitions, and provide examples of what the legislation covers and applies to but they are not intended to replace the definitions in the *Disability Services Act 2006*.

Containing an adult means physically preventing their free exit from the place where the adult receives disability services. This does not include secluding the adult. If the adult has a skills deficit and the gates, doors or windows of the premises are locked to prevent the adult from exiting, this is not containment.

Seclusion means physically confining the adult alone where they cannot leave the premises, at any time of the day or night, in a room or area.

Chemical restraint means using medication for the main purpose of controlling the adult's behaviour. Using medication to treat a diagnosed mental illness or physical condition is not chemical restraint. An intellectual or cognitive disability is not a physical condition.

Physical restraint means using any part of another person's body to restrict the adult's movement, for the main purpose of controlling the adult's behaviour.

Mechanical restraint means using a device to restrict movement of the adult or preventing or reducing the adult injuring themselves, for the main purpose of controlling the adult's behaviour. The following actions are not mechanical restraint: using a device to enable safe transport of the adult; using a device for postural support; using a device to prevent injury from involuntary bodily movements, such as seizures; using a surgical or medical device for treatment of a physical condition; or using bed rails or guards to prevent injury while the adult is asleep.

Restricting access means restricting the adult's access to an object to prevent the adult using the object to cause themselves or others harm.

Appendix A provides the complete definitions as they are set out in the Act.

Questions:

- Do you think the current definitions in Queensland's legislation and restrictive practice guidance documents are clear? If not, why not? Do you have suggestions for making them clearer?
- Do you think these restrictive practices should be permitted in certain circumstances, and subject to regulation? If yes, why? If not, why not?
- Would additional guidelines be helpful to understand when a particular action is a restrictive practice that requires approval?

5.2 Restricting access to items or objects

In some cases a service provider might consider that it should restrict a person's access to certain objects for the person's own or other's safety. They may also assess that there is a need to restrict access to certain items or objects to exercise an overarching duty of care. The practice of restricting access to certain objects is defined in the *Disability Services Act 2006* as a restrictive practice.

Under Queensland's legislation, a service provider must meet a number of requirements before being able to restrict a person's access to an item or object. This usually includes:

- An assessment of the adult by the service provider
- A positive behaviour support plan for the adult
- Consent to use the practice by an informal decision-maker or restrictive practice guardian.

Questions:

- Should there continue to be a requirement to seek authorisation to restrict an adult's access to objects? Why/Why not?
- Should access only be restricted in the specific circumstances as required by a positive behaviour support plan?
- Should access be restricted to personal items (e.g. entertainment, clothing)? If so, in what circumstances?

5.3 Support for clients, families, and restrictive practice guardians

Legislative requirements

Protecting the rights of clients is essential. Involving the client, their family and support network in the restrictive practice and positive behaviour support planning process can help safeguard the rights of clients. The legislation

requires that a service provider consults with, and considers views of, the client, their guardian or informal decision-maker, and others important to the plan such as family members.

The restrictive practices scheme in Queensland can be quite complex and difficult for those close to the adult, including family members and carers, to understand, including what action can be taken if family members and carers consider restrictive practices are being misused.

Questions:

- What information do individuals, family members and carers need about the process and how should it be presented?
- What changes can be made to better involve the person, their family and networks in the restrictive practice process?

5.4 Decision-making

Legislative requirements

The *Disability Services Act 2006* and *Guardianship and Administration Act 2000* outline what needs to be taken into account when approving or consenting to the use of a restrictive practice, and who makes those decisions. Generally, the Queensland Civil and Administrative Tribunal (QCAT) approves the use of containment and seclusion (and other restrictive practices used in combination with containment or seclusion). For adults accessing respite and community access services, a restrictive practice guardian who is appointed by QCAT can consent to containment and seclusion.

The remaining restrictive practice types are either approved by restrictive practice guardians (who may be the Adult Guardian) or informal decision-makers (such as a member of the adult's family or support network).

Among other things, the decision-maker needs to be satisfied that the use of the practice is necessary and is the least restrictive way to keep the adult or others safe, and that a positive behaviour support plan has been developed for the adult.

For short-term approvals in Queensland, the Director-General, Department of Communities, Child Safety and Disability Services (the Director-General) or their delegate approves the short-term use of chemical, physical and mechanical restraint and restricting access to objects. The Adult Guardian approves the short-term use of containment and seclusion (and other restrictive practices used with containment and seclusion).

In summary, there are five decision-makers depending on the restrictive practice and the setting in which it is used: (1) the Adult Guardian; (2) Director-General; (3) QCAT; (4) restrictive practice guardians (who may or may not be the Adult Guardian); and (5) informal decision-makers.

Queensland's current decision-making scheme

Restrictive practice	Type of approval	Type of service	Decision-maker
Containment or seclusion	Short-term	All services	Adult Guardian
Chemical, physical, mechanical restraint, restricting access	Short-term	All services	Director-General
Containment or seclusion	General	All services except respite/CAS *	QCAT
Chemical, physical, mechanical restraint	General	All services except respite/CAS	Restrictive practice guardians
Restricting access	General	All services except respite/CAS	Informal decision-maker (if no RP guardian)
Containment, seclusion, non-fixed dose chemical restraint and chemical restraint fixed dose in CAS	General	Respite/CAS only	Restrictive practice guardian (respite)
Chemical restraint (fixed dose) (respite service), mechanical and physical restraint and restricting access	General	Respite/CAS only	Informal decision-maker (if no RP guardian)

*Respite/CAS – respite and community access service.

Questions

- Are the current decision-makers the most appropriate ones? Why/why not?
- If not, what should the decision-making framework look like?
- If not, who should the decision-makers/s be?
- How should decision-makers ensure that the rights and interests of the adult subject to the restrictive practice are considered as part of their decision?
- Should community access services and respite providers be subject to the same decision-making framework as other providers? Why/Why not?
- What have you found to work/not work in having different decision-makers for the different types of restrictive practices?
- Are there other alternatives that could assist with efficient decision-making?
- Is there enough information in the legislation and departmental guidelines to assist you in the process of decision-making?

5.5 Short-term approvals and timing of reviews for all restrictive practices

Legislative requirements

Short-term approvals

Short-term approvals apply where the use of a restrictive practice is necessary but a service provider has not had time to assess the adult or develop a positive behaviour support plan. For short term use of restrictive practices, approval cannot be for more than 6 months from the day the order is made. Short-term approvals involve a two-step application process: first, a service provider must apply for and obtain a short-term approval; and then they must develop a short-term plan within 14 days, which must be approved by the decision-maker.

Timing of reviews for all restrictive practices that are in place

Time-limited approvals and regular reviews are used so that both independent bodies and the service providers can work out whether the use of any restrictive practice is still necessary and is still the least restrictive alternative.

As a general rule, for containment and seclusion (and other restrictive practices used in combination with them), an approval cannot be for more than 12 months from the day that the order is made. The restrictive practice must also be reviewed at least once during the approval term. For other restrictive practices:

- Where a restrictive practice guardian gives consent – there must be a review at least once during the term of the guardian’s appointment
- Where there is an informal decision maker – there must be a review at least once every 12 months.

Questions:

- Do you think the approval process is appropriate and necessary to protect people’s rights and monitor the use of restrictive practices?
- Is there enough guidance through legislation or guidelines to make the approval process easy enough to follow?
- Would you like to see any changes to the current approval processes? If yes, what changes would you like to see and why?

5.6 Positive behaviour support plan

Developing the plan – legislative requirements

The *Disability Services Act 2006* (section 123L) sets out an extensive list of requirements that must be included in a person's positive behaviour support plan. This includes:

- Description of the adult's challenging behaviours
- Any previous strategies used to manage the adult's behaviours
- Details of the assessment of the adult
- Positive strategies to meet individual needs and improve their quality of life
- How the service provider will support and supervise staff in implementing the plan
- Details of who was consulted during the plan's development
- Details about the restrictive practice and how to use it (such as strategies to try before using the restrictive practice; why the restrictive practice is necessary; and reviews of the restrictive practice).

Questions:

- Do you agree with the current requirements? Why/why not?
- Should there be minimum requirements for a positive behaviour support plan?
- If yes, what should the minimum requirements be?
- What should the key elements of a positive behaviour support plan be?
- Can you identify any key issues in obtaining assessments and getting positive behaviour support plans developed?
- What could be done to build the capacity of assessors and service providers to develop effective behaviour support plans?
- How and by whom should the quality of a positive behaviour support plan be assessed?

Implementing the plan – requirements

In practice, the capacity of service providers to develop and implement individualised positive behaviour support plans, informed by a multidisciplinary assessment, is key to bringing about changes to an adult's behaviour and their quality of life. To bring about change in a person's quality of life and their behaviours, service providers need to be able to develop good quality individualised plans, informed by good quality multidisciplinary assessments.

Also important is training for staff and support workers to understand and implement the plan and to provide support and assistance to increase the number of available assessors and improve the quality of assessments.

The Specialist Response Service, as part of the Department of Communities, Child Safety and Disability Services, conducts multidisciplinary assessments and develops plans for people who are being secluded or contained. They also provide guidance to service providers about implementing plans. The Centre of Excellence for Behaviour Support has also played a role and was established to lead research, development and training in positive behaviour support.

Questions:

- Do you think service providers have enough support and guidance to implement positive behaviours support plans?
- If not, what kind of support would assist service providers to implement positive behaviour support plans?
- What should be done to build the capacity of assessors and service providers to implement behaviours support plans well?

5.7 Transitioning to a new service provider

Legislative requirements

In Queensland, an approval for a restrictive practice is given for an individual adult, at a specific service location, supported by a particular service provider.

Under Queensland's current legislation when a client who is subject to a restrictive practice approval moves to a new service provider,

the new service provider must apply for a fresh approval. This may mean that the new service provider has to do a new or updated assessment and/or new or updated positive behaviour support plan for the adult. In other words, the current system does not allow for an authorisation or plan to move with an individual when they move service providers or service locations.

One of the key reasons for this is the difference in resources and skills a new service provider may have.

Questions:

- Do you agree with the current transition process?
- If not, is there a better way to transition adults from one service provider to another?

5.8 Measuring effectiveness of the scheme

Legislative requirements

The Queensland Government is committed to reducing the use of restrictive practices. However, in Queensland there is currently no mandatory requirement for service providers to report on the use of restrictive practices. That means that there is no evidence of when and how

often the practices are being used, and whether the implementation of the positive behaviour support plan is improving the adult's quality of life and reducing their challenging behaviour.

Data collection is a key aspect of the proposed *National Framework for Reducing the Use of Restrictive Practices in the Disability Service Sector*. It will support the assessment of factors that reduce the need for restrictive practices and the need to continue to use restrictive practices.

Questions:

- Do you think there are currently effective mechanisms for monitoring the use of restrictive practices? If yes, can you provide more detail on these?
- Do you support the introduction of mandatory reporting on the use of restrictive practices? Why/Why not?
- Should service providers be required to report on the use of all regulated practices? Why/Why not?
- If you agree reporting should take place, how do you recommend this should occur (e.g. web-based, written reports to the Adult Guardian / Department of Communities, Child Safety and Disability Services)?
- Who do you think should be responsible for monitoring the use of restrictive practices and why?

5.9 General questions

Any other comments or input on the restrictive practices scheme is welcome. In particular, we seek your feedback on the following questions:

Questions:

- Does Queensland's existing scheme best protect the rights of vulnerable people? If not, why not?
- Do you have any suggestions which you recommend the Queensland Government implement to make sure the use of restrictive practices in Queensland is safe and effective for all affected persons?
- Do you have any other areas or issues you wish to raise that are not covered in this discussion paper?

Appendix A

Definitions as per Disability Services Act 2006 and examples of each

Type	Definition	Example
Containment	<p>123G –</p> <p>Contain an adult with an intellectual or cognitive disability means physically prevent the free exit of the adult from premises where the adult receives disability services, other than by secluding the adult.</p> <p>However, the adult is not contained if—</p> <p>(a) the adult is an adult with a skills deficit under part 15, division 1A; and</p> <p>(b) the adult’s free exit from the premises is prevented by the locking of gates, doors or windows under that part.</p> <p>(3) In this section—</p> <ul style="list-style-type: none"> • premises includes the land around a building or other structure, but does not include a vehicle. 	<p>Client A has an intellectual disability and a history of unprovoked assaults on members of the public when in the community without staff support. These assaults have required medical services/hospitalisation and have led to police involvement. When A displays the recognisable early signs of wishing to leave the house unaccompanied (eg vocalisations and pacing near the front gate), the perimeter gates of the yard are locked. The containment prevents A from accessing the community unaccompanied and assaulting members of the public.</p>
Seclusion	<p>123E –</p> <p>Seclude an adult with an intellectual or cognitive disability means physically confine the adult alone, at any time of the day or night, in a room or area from which free exit is prevented.</p>	<p>Client B is an adult with an intellectual disability and has episodes of hitting/punching his co-tenants and staff and placing them at significant risk of harm. Assessments have identified that B’s challenging behaviour is precipitated by anxiety. When observed to be anxious, support staff instruct B in a range of relaxation exercises designed to reduce his levels of agitation. On occasions, B’s anxiety levels can continue to escalate. In response, support staff direct B to an external court yard by himself for a specified period of time until he has calmed down. During this period of seclusion, B is unable to leave the area of his own accord. The seclusion is effective in protecting co-tenants and staff from harm while providing an opportunity for B to become calm.</p>

Physical restraint	<p>123E –</p> <p>Physical restraint, of an adult with an intellectual or cognitive disability, means the use, for the primary purpose of controlling the adult’s behaviour, of any part of another person’s body to restrict the free movement of the adult.</p>	<p>Client C is a young woman with an intellectual disability and autism spectrum disorder. Certain stimuli or events can promote a severe and intense reaction from her when they occur unexpectedly. In the past she has repeatedly hit her fist against her face and head causing injuries. Strategies for assisting C to self regulate her response to these events and stimuli have been attempted, with mixed success. When these preventative approaches are unsuccessful and C begins hitting herself, support staff may hold C’s arm and hand to her side (with the minimum force necessary and calmly interacting with C) until the unpleasant/fearful stimuli can be removed. This intervention prevents further physical damage and trauma to C and provides an opportunity for C to listen and respond to the staff’s prompts to relax and calm down.</p>
Mechanical restraint	<p>123H -</p> <p>(1) Mechanical restraint, of an adult with an intellectual or cognitive disability, means the use, for the primary purpose of controlling the adult’s behaviour, of a device to –</p> <p>(a) restrict the free movement of the adult; or</p> <p>(b) prevent or reduce self-injurious behaviour.</p> <p>(2) However, the following are not mechanical restraint—</p> <p>(a) using a device to enable the safe transportation of the adult;</p> <p><i>Examples of devices used to enable safe transportation—</i></p> <ul style="list-style-type: none"> • a cover over a seat belt buckle • a harness or strap <p>(b) using a device for postural support;</p> <p>(c) using a device to prevent injury from involuntary bodily movements, such as seizures;</p> <p>(d) using a surgical or medical device for the proper treatment of a physical condition;</p> <p>(e) using bed rails or guards to prevent injury while the adult is asleep.</p>	<p>Client D is a 31 year old woman with an intellectual disability. She periodically attends a respite service. D displays a form of self injurious behaviour where she will pick the skin off her hands and arms. This has resulted in bleeding, serious infections requiring medical attention and irreversible damage to D’s skin. When D begins to engage in the behaviour, support staff apply cotton mittens secured around her wrists to prevent serious injury. While the restraint is in use staff engage D in conversation and quiet activity until the attempts to pick have ceased at which point the mittens are removed. At times, D will immediately return to the picking behaviour and the mittens will be reapplied.</p>

Restricting access	<p>123E –</p> <p>Restricting access, of an adult with an intellectual or cognitive disability, means restricting the adult’s access, at a place where the adult receives disability services, to an object to prevent the adult using the object to cause harm to the adult or others.</p> <p><i>Examples –</i></p> <ul style="list-style-type: none"> locking a drawer in which knives are kept to prevent an adult using the knives to cause harm restricting an adult’s access to a particular cupboard or particular parts of the fridge to prevent the adult eating in a way that is likely to harm the adult. 	<p>Client E is a young adult with Prader-Willi syndrome and an intellectual disability. The consequence of Prader-Willi is often an inability to regulate the desire to eat. If given free access to food, E will eat to the point where he is at risk of gorging or choking. On a number of occasions E consumed a range of plastic food packaging requiring hospitalisation and surgery. When staff are not present to monitor the situation, certain cupboards in the kitchen are locked to reduce these risks. Other co-tenants have keys to these cupboards to minimise the impact of this strategy on their rights. The restricted access protects E’s physical health and wellbeing and enables E to engage in other activities without constantly seeking food.</p>
Chemical restraint	<p>123F –</p> <p>Chemical restraint, of an adult with an intellectual or cognitive disability, means the use of medication for the primary purpose of controlling the adult’s behaviour.</p> <p>However, using medication for the proper treatment of a diagnosed mental illness or physical condition is not chemical restraint.</p> <p>To remove any doubt, it is declared that an intellectual or cognitive disability is not a physical condition.</p> <p>In this section—</p> <ul style="list-style-type: none"> Diagnosed, for a mental illness or physical condition, means a doctor confirms the adult has the illness or condition. Mental illness see the <i>Mental Health Act 2000</i>, section 12. 	<p>Client F has an acquired brain injury and is receiving funded accommodation service. F has a history of extensively damaging his home including the destruction of furniture and fittings, windows, doors, walls, and ceilings. During such an episode, F threw chairs and kitchen knives, injuring cotenants and support staff, as well as himself. Assessment has identified a number of reliable ‘early warning’ signs which occur prior to an episode of property destruction. When support staff observe these specific signs, F is administered medication prescribed by a psychiatrist which, as a result of its sedative effects, reduces the escalation in his behaviour. The medication de-escalates the behaviour, resulting in fewer incidents and overall a safer and more stable living environment for all residents.</p>

Appendix B



List of questions

5.1 Types of restrictive practices

Questions:

- Do you think the current definitions in Queensland's legislation and restrictive practice guidance documents are clear? If not, why not? Do you have suggestions for making them clearer?
- Do you think these restrictive practices should be permitted in certain circumstances, and subject to regulation? If yes, why? If not, why not?
- Would additional guidelines be helpful to understand when a particular action is a restrictive practice that requires approval?

5.2 Restricting access to items or objects

Questions:

- Should there continue to be a requirement to seek authorisation to restrict an adult's access to objects? Why/Why not?
- Should access only be restricted in the specific circumstances as required by a positive behaviour support plan?
- Should access be restricted to personal items (e.g. entertainment, clothing)? If so, in what circumstances?

5.3 Support for clients, families, and restrictive practice guardians

Questions:

- What information do individuals, family members and carers need about the process and how should it be presented?
- What changes can be made to better involve the person, their family and networks in the restrictive practice process?

5.4 Decision-making

Questions:

- Are the current decision-makers the most appropriate ones? Why/why not?
- If not, what should the decision-making framework look like?
- If not, who should the decision-makers/s be?
- How should decision-makers ensure that the rights and interests of the adult subject to the restrictive practice are considered as part of their decision?
- Should community access services and respite providers be subject to the same decision-making framework as other providers? Why/Why not?

- What have you found to work/not work in having different decision-makers for the different types of restrictive practices?
- Are there other alternatives that could assist with efficient decision-making?
- Is there enough information in the legislation and Departmental guidelines to assist you in the process of decision-making?

5.5 Short-term approvals and timing of reviews for all restrictive practices

Questions:

- Do you think the approval process is appropriate and necessary to protect people's rights and monitor the use of restrictive practices?
- Is there enough guidance through legislation or guidelines to make the approval process easy enough to follow?
- Would you like to see any changes to the current approval processes? If yes, what changes would you like to see and why?

5.6 Positive behaviour support plan

Developing the plan

Questions:

- Do you agree with the current requirements? Why/why not?
- Should there be minimum requirements for a positive behaviour support plan?
- If yes, what should the minimum requirements be?
- What should the key elements of a positive behaviour support plan be?
- Can you identify any key issues in obtaining assessments and getting positive behaviour support plans developed?
- What could be done to build the capacity of assessors and service providers to develop effective behaviour support plans?
- How and by whom should the quality of a positive behaviour support plan be assessed?

Implementing the plan –requirements

Questions:

- Do you think service providers have enough support and guidance to implement positive behaviours support plans?
- If not, what kind of support would assist service providers to implement positive behaviour support plans?
- What should be done to build the capacity of assessors and service providers to implement behaviours support plans well?



5.7 Transitioning to a new service provider

Questions:

- Do you agree with the current transition process?
- If not, is there a better way to transition adults from one service provider to another?

5.8 Measuring effectiveness of the scheme

Questions:

- Do you think there are currently effective mechanisms for monitoring the use of restrictive practices? If yes, can you provide more detail on these?
- Do you support the introduction of mandatory reporting on the use of restrictive practices? Why/Why not?
- Should service providers be required to report on the use of all regulated practices? Why/Why not?
- If you agree reporting should take place, how do you recommend this should occur (e.g. web-based, written reports to the Adult Guardian / Department of Communities, Child Safety and Disability Services)?
- Who do you think should be responsible for monitoring the use of restrictive practices and why?

5.9 General questions

Questions:

- Does Queensland's existing scheme best protect the rights of vulnerable people? If not, why not?
- Do you have any suggestions which you recommend the Queensland Government implement to make sure the use of restrictive practices in Queensland is safe and effective for all affected persons?
- Do you have any other areas or issues you wish to raise that are not covered in this discussion paper?